

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rafael, Evelyn (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-105 Haaa Street, Waipahu, Hawaii 96797	Inspection Date: July 09, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1: no evidence of Primary Care Giver (PCG) training to provide personal care for SCG providing coverage during a leave (1/29/19-2/10/19.)</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	8/12/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1: no evidence of Primary Care Giver (PCG) training to provide personal care for SCG providing coverage during a leave (1/29/19-2/10/19.)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I am going to train all my Substitute caregivers on how to do all personal care skills and how to provide good nursing care on all the clients before going on leave. I am going to document it and keep it in the ARCH chart.</p>	8/12/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, no evidence of an acceptable procedure to separately secure or dispose of expired medication. I.e., "Melatonin 3 mg" expired 5/25/2019; however, available and stored with current medications.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I removed the expired medication from the current medications and disposed it by mixing it with used coffee ground.</i></p>	<p><i>7/9/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, no evidence of an acceptable procedure to separately secure or dispose of expired medication. I.e., "Melatonin 3 mg" expired 5/25/2019; however, available and stored with current medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>For my PRN medications if they are not using it I will discuss with the doctor and ask to get the medicine discontinued. For PRN medicines that are frequently used I will put sticky notes on the MAR when refill is needed. when medicines has been expired or discontinued the procedure for disposal empty bottle mix it with rubbish or mix it with coffee ground.</p>	<p>11/13/19 AK</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no progress notes describing resident need for and response to PRN medication. I.e., "Systane Dry Eyes" made available 28 times during 11/2018, 2/2019, 3/2019, 5/2019 and 6/2019; however, no evidence of response.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	8/12/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> Resident #1, no evidence care giver informed the physician about resident's decline in mobility. I.e. Resident certified as self-preserving (6/5/19;) however, care giver assistance required to get out of bed due to impaired vision, hearing, balance and lower extremity weakness.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, I asked her doctor to revised her self-preservation certificate and changed to non-ambulatory. I made an appointment to re-assess her current condition. Resident's revised self-preservation attached.</p>	<p>10/14/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1, no evidence in progress notes for appointments on 10/19/18, 10/25/19, 4/29/19 or 5/14/19 with providers.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	8/12/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1, no evidence in progress notes for appointments on 10/19/18, 10/25/19, 4/29/19 or 5/14/19 with providers.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I am going to mark the calendar for all the clients doctor's appointment and to remind myself to document it in the progress notes.</i></p>	<p>8/12/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #1, no handle available for the top dresser drawer.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, we purchased a new handle for the top drawer and installed it after my inspection.</p>	7/10/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #1, no handle available for the top dresser drawer.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I am going to inspect all the clients furniture periodically to ensure functionality and that is safe for clients.</p>	7/10/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1, no evidence of pneumococcal vaccination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, patient received the Pneumococcal vaccine on 7/20/2015. The immunization summary was in her chart. A copy of the immunization is enclosed.</p>	8/12/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1, Case Manager (CM) did not <u>update the care plan as changes occurred</u>. I.e., CM monthly progress note from September 2018 thru June 2019 reads, "Appetite good eats 75-100%." However, CM records weight as 101.6# during September 2019 and 92# by 6/24/19. PCG progress notes show resident appetite declined in prior year; "fair" in September and "poor" from October 2018 thru June 2019.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, case Manager updated care plan, updated home visit notes as client only started to eat less early this year. Case Manager updated reports about appetite and wrote detailed consumption for breakfast, lunch & dinner on report.</i></p>	<p>8/3/19</p>

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Licensee's/Administrator's Signature: Evenyn Rafael

Print Name: Evenyn Rafael

Date: 11/13/19

Licensee's/Administrator's Signature: Evenyn Rafael

Print Name: Evenyn Rafael

Date: 10/14/19

Licensee's/Administrator's Signature: Evenyn Rafael

Print Name: Evenyn Rafael

Date: 8/13/19